

Area _____
RD _____
Rec'd Date _____

Approved _____
Class Date _____

COSTA MESA FIRE DEPARTMENT
COMMUNITY EMERGENCY RESPONSE TEAM/CITIZENS FIRE ACADEMY
APPLICATION

NAME _____ BIRTH DATE _____

ADDRESS _____
(City) (Zip)

WORK ADDRESS _____
(City) (Zip)

TELEPHONE NUMBERS _____ / _____
(Home) (Work)

EMAIL: _____

DRIVERS LICENSE# _____ STATE _____ EXP. DATE _____

OCCUPATION _____

EMERGENCY CONTACT: _____

PHONE: _____ ALTERNATE PHONE: _____

Which program (s) are you interested in? **CERT** _____ **Citizens Fire Academy** _____

I consent to a criminal records check and/or fingerprints (taken by CMPD) if required for eligibility to participate in CERT activities or the Costa Mesa Citizens Fire Academy. I agree to abide by all rules and regulations.

Applicant's Signature _____ Date _____

HOW DID YOU HEAR ABOUT OUR CERT PROGRAM OR CITIZENS ACADEMY?

MAIL, FAX OR DELIVER APPLICATION TO:

CERT/Citizens Fire Academy ~ Attn: Brenda Emrick - Fax: 714.327.7408

Mail: Costa Mesa Fire Department, Fire Administration, 77 Fair Drive, Costa Mesa, CA 92626